10/014887

Approved for use through 7/31/2005, OMB 0551-0032

Under this Paperwork Restuction Act of 1905, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR . NUMBER FILE			ER FILED	MANUSER EXTRA			RATE	FEE		RATE	FEE
	CFEE CFR (_186d)					ı			OR		.740
101	AL CLAIMS SR LIG(d)		crácus 20 e				X 5 . 4		OR		11716
UCO	PENDENT CLAS	25					**				7/0
(37 GFR 1,16(4)) minus 3 • *					* *		OR	×	103		
MALTIPLE DEPENDENT CLADA PRESENT Q7 CFR 1.10(0)							+5=		OR	-	280
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		CR	TOTAL	
CLAMS AS AMENDED - PART II											
1 laths over									OR		R THAN
	TOTAL	(Cotumn 1) CLAIMS	_	(Column 2)	(Column 3)	1	SMALL	NTITY	1	SMALL	ENTITY
T A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADOL- TIONAL
ENT		THEMONEMA		PADEOTO				FEE			FEE
ENDM	Total - CD CPR 1.1803	X	Minus	89	*		X 8=		OR	X 8#	
	(2) CFE 1.18(3)	. 5	Minus	- 5	•				OR	x s=	
₹ S	FREST PRESENT	ATION OF MATEU	E DEPEND	911 01701 (1701	FR 1,15(4)		+1 =		oR '		
							TOTAL		GR.	TOTAL	
							ADD'L FEE	<u> </u>	, ox	ADD'T FEE	
(Cohumn 1) (Cohumn 2) (Cohumn 3)									1		
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT • EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total CD CFR 1.190/3	46	Minus	- 88	·Ø		x 8•		OR	x^	
AMENDM	independent (07 cFR 1,1809)	• 4	Minus	- 5	Ø		x 8=		OR	x 4 •	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1,18(0))							+1 *		OR	+1 .	
							TOTAL			TOTAL	— \
ľ	17/06				•		ADD'L FEE		OR	ADD'L FEE	
У	1106	(Column 1)		(Column 2) HRGHEST	(Column 3)	1			1		
ENT C		REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE ·	ADDI- TIONAL FEE
Σ	Total car care 1.1868	. 70	Minus	- 88	*		X 9=		OR	Z 5 •	
END	traperant (17 cfa 1.1800)	. 4	Minus	5	• —		x 8•		OR	X 8	
AM	FREE PRESENT	ATTOM OF MARTIN	E 0676910	DITOUNI ATO	FR 1,1660)		• • •		OR		
H						3	TOTAL	•	OR.	TOTAL ADDIL FEE	
* Whe entry in column 1 is less than the entry in column 2, write 'V' in column 3.											
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the "Highest Number Previously Paid For" DE THIS SPACE is less than 20". "The "Highest Number Previously Paid For" DE THIS SPACE is less than 20".											

"If the *Fighest Number Previously Paid For' IV ThisS SPACE is less than 3, enter "7.

The *Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1,

This collection of information is required by 37 CPR 1,14. The information is required to obtain or retin a benefit by the public which is to the (and by the USPTO to process) as application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1,14. This collection is estimated to take 12 attinutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any consenses on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, and 1-600-PTO-9199 and soluci option ${\bf 2}$.